

Schedule R
(Form 1040)Department of the Treasury
Internal Revenue Service**Credit for the Elderly or the Disabled**

OMB No. 1545-0074

2004Attachment
Sequence No. **16**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule R (Form 1040).**

Name(s) shown on Form 1040

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2004:

- You were age 65 or older **or**
- You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See page R-1.

TIP In most cases, the IRS can figure the credit for you. See page R-1.**Part I** Check the Box for Your Filing Status and Age**If your filing status is:** **And by the end of 2004:** **Check only one box:**Single,
Head of household, or
Qualifying widow(er)**1** You were 65 or older **1** ☐**2** You were under 65 and you retired on permanent and total disability **2** ☐**3** Both spouses were 65 or older **3** ☐**4** Both spouses were under 65, but only one spouse retired on
permanent and total disability **4** ☐Married filing
jointly**5** Both spouses were under 65, and both retired on permanent and total
disability **5** ☐**6** One spouse was 65 or older, and the other spouse was under 65 and
retired on permanent and total disability **6** ☐**7** One spouse was 65 or older, and the other spouse was under 65 and
not retired on permanent and total disability **7** ☐Married filing
separately**8** You were 65 or older and you lived apart from your spouse for all of
2004 **8** ☐**9** You were under 65, you retired on permanent and total disability, and
you lived apart from your spouse for all of 2004 **9** ☐**Did you check
box 1, 3, 7,
or 8?****Yes** —▶ Skip Part II and complete Part III on back.**No** —▶ Complete Parts II and III.**Part II** Statement of Permanent and Total Disability (Complete **only** if you checked box 2, 4, 5, 6, or 9 above.)**If: 1** You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **and****2** Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2004, check this box ☐

• If you checked this box, you do not have to get another statement for 2004.

• If you **did not** check this box, have your physician complete the statement on page R-4. You **must** keep the statement for your records.